CENTERS FOR MEDICARE	AND HUMAN SERVICES	45	-th 10110-113	FORM.	APPROVED
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT			0938-0391 E SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		NG 01 - MAIN BUILDING 01		PLETED
	445214	B. WING _		04/	29/2013
NAME OF PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS, CITY, STATE, ZIP CODE		20/2013
MOUNTAIN CITY CARE & REF	ABILITATION CENTER		919 MEDICAL PARK DRIVE		
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	ID	MOUNTAIN CITY, TN 37683		
PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE :	(X5) COMPLETION DATE
K 029 NFPA 101 LIFE SA	FETY CODE STANDARD	K 02	K 029		
One hour fire rated fire-rated doors) or	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1		Unscaled penetrations in laundry room ceilin kitchen ceiling, mechanical/electrical room cand wall have been sealed with appropriate to	eiling	5/20/13
and/or 19.3.5.4 protein the approved autom	ects hazardous areas. When hatic fire extinguishing system		Door closer provided for Medical Records re door.		4/30/13
other spaces by sm	areas are separated from oke resisting partitions and elf-closing and non-rated or		Kitchen fire door to the dining room has bee replaced to ensure positive latch.	n	6/7/13
field-applied protect	ive plates that do not exceed bottom of the door are		The 100 hall shower room door adjusted and closes freely.	now	4/30/13
Based on observation determined hazardorated construction is The findings include  1) Observation and Maintenance Superviveen 6:30 pm arrunsealed penetration 1. Laundry room 2. Kitchen ceiling ab 3. Mechanical/Electrical Observation and Maintenance Superviveen 6:30 pm and following:  1. Medical recomprovided with door ceiling ab 3. Mechanical/Electrical Observation and Maintenance Superviveen 6:30 pm and following:	d interview with the visor, on April 29, 2013 and 10:30 pm confirmed ins in the following locations: ceiling ove the Ansul system ical room ceiling and wall interview with the visor, on April 29, 2013 2013 d 10:30 pm confirmed the				
SORATORY DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE		(6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: UQGQ21

Facility ID: TN4601

If continuation sheet Page 1 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445214 04/29/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 919 MEDICAL PARK DRIVE **MOUNTAIN CITY CARE & REHABILITATION CENTER** MOUNTAIN CITY, TN 37683 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 029 Continued From page 1 K 029 to close to a positive latch. The 100 hall shower room door failed to close freely and hung up on the door frame. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 29, 2013, K 052 NFPA 101 LIFE SAFETY CODE STANDARD K052 K 052 SS≒F 4/7/13 Sensitivity test completed with follow up testing to A fire alarm system required for life safety is be completed again in two years. Once two: installed, tested, and maintained in accordance successful consecutive tests have been completed with NFPA 70 National Electrical Code and NFPA frequency will be increased from 2 years to 5 years. 72. The system has an approved maintenance and testing program complying with applicable 6/7/13 Smoke detector at the 100 hall nurses' station requirements of NFPA 70 and 72. relocated This STANDARD is not met as evidenced by: Based on record review, it was determined smoke detectors were installed and maintained properly. The findings include: 1) Record review on April 29, 2013 at 8:30 pm confirmed the last sensitivity test was done on 4-24-2009 with two failed detectors. No other records were provided to allow sensitivity testing frequency to be increased from 2-years to 5-year intervals. 2) Observation and interview with the Maintenance Supervisor on April 29, 2013 at 8:30 p.m. confirmed the smoke detector at the 100 hall

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: UQGQ21

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If continuation sheet Page 2 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 445214 B. WING 04/29/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MOUNTAIN CITY CARE & REHABILITATION CENTER 919 MEDICAL PARK DRIVE MOUNTAIN CITY, TN 37683 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 052 | Continued From page 2 K 052 nurses' station was located 1-foot from an air supply. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 29, 2013. K 056 NFPA 101 LIFE SAFETY CODE STANDARD K 056 K056 SS=D If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard 6/7/13 All combustible materials have been removed and for the Installation of Sprinkler Systems, to sprinkler head has been added to exit. provide complete coverage for all portions of the 6/7/13 building. The system is properly maintained in One of the sprinkler heads located in the 100 hall accordance with NFPA 25, Standard for the break room has been removed. Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined all areas were properly sprinkled under exterior canopies and sprinklers spaced at least six (6) feet apart The findings include: 1) Observation and interview with the Maintenance Supervisor on April 29, 2013 at 7:30 p.m. confirmed the exit and metal awning outside dietary used to store sixteen (16) combustible plastic milk crates and a wooden picnic table was not provided with sprinkler protection. Observation and interview with the

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: UQGO21

Facility ID: TN4601

If continuation sheet Page 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		.(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
	445214 B. WING		04/	04/29/2013			
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN CITY CARE & REHABILITATION CENTER			919	ET ADDRESS, CITY, STATE, ZIP CODE MEDICAL PARK DRIVE DUNTAIN CITY, TN 37683			
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTION REFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE	(X5) COMPLETION DATE
K 056	p.m. confirmed the (2) sprinkler heads These findings were Supervisor and ack	rvisor on April 29, 2013 at 9:10 100 hall break room had two located 4-feet apart. e verified by the Maintenance	K	056			
K 062 SS=F	NFPA 101 LIFE SAI Required automatic continuously mainta condition and are in	FETY CODE STANDARD c sprinkler systems are ained in reliable operating aspected and tested 1.6, 4.6.12, NFPA 13, NFPA 25,	K	062	K062 Five year sprinkler system obstruction in performed and will completed every 5 year		617/13
K 067 SS=F	Based interview an determined the facil required sprinkler sy. The findings include Record review and i Maintenance Super 7:30 p.m. revealed to obstruction investigation of the finding was ver Supervisor and ackradministrator during 29, 2013.  NFPA 101 LIFE SAF Heating, ventilating, with the provisions of in accordance with the sprinkler.	interview with the visor, on April 29, 2013 at the 5-year sprinkler system ation was not performed. rified by the Maintenance nowledged by the g the exit conference on April FETY CODE STANDARD and air conditioning comply of section 9.2 and are installed	Κo	67	K067 Four year required maintenance to fire completed and will be scheduled every fon-going.		6/7/43

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: UQGQ21

Facility ID: TN4601

If continuation sheet Page 4 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
	445214 B. WING			04/29/2013			
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN CITY CARE & REHABILITATION CENTER			91	EET ADDRESS, CITY, STATE, ZIP CODE 19 MEDICAL PARK DRIVE OUNTAIN CITY, TN 37683		i	
(X4) ID PREFIX TAG			PREF	ID PROVIDER'S PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		LD BE COMPLÉTION	
K 067	Continued From page 4		K	067			- -
	Based on interview determined the faci damper maintainen The findings includ Record review and Maintenance Superp.m. confirmed the 4-year required ma This finding was ve Supervisor and ack	e: interview with the rvisor on April 29, 2013 at 7:30 facility failed to perform the intenance to fire dampers. rified by the Maintenance					